

POSITION	INITIALS	ID NO.	DATE		
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	M. S. B.M. : 1023	62-12-81 872210,			
INDEX OF CLAIMS					
✓ = — (Through numeral) ↓	Rejected Allowed Canceled Restricted	N I A O	Non-elected Interference Appeal Objected		
Claim	Date	Claim	Date		
Final Original 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45		Final Original 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150		Claim Original 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150	

If more than 150 claims or 10 actions
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